

## COMBINED DECLARATION AND PETITION

As a below named inventor, I hereby declare that:

This declaration is of the following type:

<input checked="" type="checkbox"/>	original	<input type="checkbox"/>	divisional
<input type="checkbox"/>	design	<input type="checkbox"/>	continuation
<input type="checkbox"/>	supplemental	<input type="checkbox"/>	continuation-in-part
<input type="checkbox"/>	national stage of PCT		

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled IMPROVED WRAP-AROUND NOTEBOOK, the specification of which:

(a)  is a continuation-in part of U.S. Patent Application Serial No. \_\_\_\_\_

(b)  was filed on \_\_\_\_\_

(c)  was described and claimed in PCT International Application No. \_\_\_\_\_, filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_ (if any).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application of which priority is claimed.

(d)  no such applications have been filed

(e)  such application have been filed as follows:

Prior Foreign Application(s)

Country (or indicate if PCT)	Application Number	Date of Filing (day, month, year)	Priority Claims Under 37 USC 119
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a), regarding events which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status-patented, pending, abandoned

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Wherefore I pray that Letters Patent be granted to me for the invention or discovery described and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification and claims, declaration, power of attorney, and this petition.

Full Name of Sole or First Inventor: <b>JAY K. SATO</b>	
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Inventors Signature:	Date Signed:
Residence (City, State and/or Country):	
Citizenship:	
Post Office Address (Street, City, State, Zip Code, Country):	
Inventors Signature:	Date Signed:
Residence (City, State and/or Country):	
Citizenship:	
Post Office Address (Street, City, State, Zip Code, Country):	
Full Name of Fifth Inventor:	
Inventors Signature:	Date Signed:
Residence (City, State and/or Country):	
Citizenship:	
Post Office Address(Street, City, State, Zip Code, Country):	